

# Minority Aging Defense

&

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The Minority Aging Defense is a consortium of individuals and organizations united to improve and affect policies that impact on the lives of the growing minority elderly in the United States.

Association of Hispanic Healthcare Executives

Canaan Senior Service Center

Casita Maria Carver Senior Center

Central Harlem Senior Citizens Coalition

Chinese-American Planning Council

Concourse Village Special Adults

East Harlem Council for Human Services—Boriken Neighborhood Health Center

Harlem Congregations for Community Improvement—Victory One

Hispanic Senior Action Council

Institute for the Puerto Rican/Hispanic Elderly

I PRO

Neighborhood Enhancement for Training Services

Neighborhood S.H.O.P.P. Senior Network Access Program

New York Statewide Senior Action Program

Northern Queens Health Coalition

R.A.I.N.—Regional Aide for Interim Needs

SAGE—Services and Advocacy for GLBT Elders

Senior Health Partners

South Bronx Action Group

On May 20, 2005, the Minority Aging Defense and the Institute for the Puerto Rican / Hispanic Elderly co-sponsored an Independent Aging Agenda Event, which was attended by over 160 people. The following resolutions are a condensed version of a much longer statement addressing the needs of the minority and immigrant elderly.

## **PLANNING ALONG A LIFESPAN**

### **PRIORITY ISSUE 1: SOCIAL SECURITY**

**Whereas** Social Security is one of the most successful social insurance programs that has been in existence for over 65 years; and

**Whereas** 80% of Latina women would live in poverty were it not for the Survivor's Benefits that they receive from Social Security; and

**Whereas** the proposals to restructure Social Security for future generations of elderly and the disabled will expose the future generations of minority elderly and minority disabled to extreme poverty at the most vulnerable time of their lives; and

**Whereas** for the low-income minority communities, declining wages unstable job security, and sharp increases in the cost of living interfere with their ability to build a nest egg of private savings for retirement; and

**Whereas** low-income minority communities are more likely to be engaged in higher risk jobs with few worker protections thereby increasing their chances of being exposed to accidents and other disabling conditions and making their families, and children in particular, vulnerable to greater economic insecurities without Social Security disability support; and

**Whereas** the availability of defined benefit pension plans, within the reach of previous generations of workers, is increasingly not an option for current and future generations of workers; and

**Whereas** undocumented immigrant workers have been contributing to the Social Security system to the tune of \$7 billion annually without being able to access benefits and there is a decline in ESL and citizenship programs, reduced access to free or low cost legal services, and an increase in problems at government immigration services; and

**Whereas** the Social Security system is expected to have a financial shortfall as we approach the mid-century based on the surge in retirements and an anticipated decline in worker contributions; and

**Whereas** current proposals to change the indexing from wage indexing to a "progressive price indexing" will hurt low-middle income workers by triggering a significant reduction in their retirement benefits.

**THEREFORE BE IT RESOLVED** by the 2005 White House Conference on Aging to:

**Advocate** for the:

- Preservation of the Social Security structure for all income levels.
- Protection of the indexing of Social Security payments to wages to keep pace with the rising cost of living.
- Raise the cap on Social Security tax payments from \$90,000 to \$140,000.

**Address** the inequitable benefits system affecting undocumented immigrants.

**Revisit** limiting the investment of trust funds to government bonds. Consider other investment strategies that are low risk and might generate higher returns.

**Advocate** to ensure that seniors who are receiving Social Security benefits and are still working do not have their Social Security portion of their income federally taxed.

## **PRIORITY ISSUE 2: SUPPLEMENTAL SECURITY INCOME**

**Whereas** the Supplemental Security Income Program (SSI) is of paramount importance to seniors and the disabled living under the poverty level by establishing a minimum standard for income assistance for the aged, blind and disabled; and

**Whereas** the federal portion of SSI is indexed to inflation, the assistance provided has a standard that is well below an adequate income; and

**Whereas** the states' portion of SSI varies greatly by state and is not tied to inflation; and

**Whereas** the federal trend of shifting the burden of SSI to states places an additional burden on financially strapped states; and

**Whereas** many members of the elderly community who are eligible for SSI are not enrolled – particularly in communities that speak languages other than English; and

**Whereas** thousands of documented immigrant elderly and disabled lost SSI benefits due to changes in eligibility requirements. These changes required citizenship status within a seven year period at a time when programs for gaining citizenship are continually eroded. In addition, the length of time needed to complete the citizenship process extends well beyond the currently established time limitations.

**THEREFORE BE IT RESOLVED** by the 2005 White House Conference on Aging to:

**Advocate** for the increase of the federal share of SSI by 20% raising the minimum national standard for assistance.

**Require** states to attach an automatic cost of living adjustment in order to raise low income of minority elderly closer to the poverty level.

**Alter** the standards for SSI qualifications so that when a senior lives with others, the total household income does not disqualify or reduce the amount that the beneficiary will receive.

**Develop** federal programs with sufficient funding for SSI outreach and education with particular attention to linguistically-different communities.

**Advocate** extending the time requirements for documented immigrants to acquire citizenship from seven to ten years.

**Advocate** to permit documented immigrants who have paid into the system to collect SSI if they qualify.

**Fund** more programs that would open avenues for undocumented immigrants to become documented immigrants and ultimately, citizens, such as ESL & Citizenship classes and Immigration Assistance.

**Streamline** the application process for this benefit.

## **PRIORITY ISSUE 3: FINANCIAL LITERACY**

**Whereas** there is increasing concern about the financial literacy of elders today, and of the elderly generations to come, far too little attention is paid to communities that have little disposable income and to communities that are linguistically-different and/or newer immigrants; and

**Whereas** financial literacy programs often begin assuming some minimum level of assets such as bonds, stocks and/or real estate; and

**Whereas** financial literacy programs are generic and often offered by financial institutions that pay little attention to abusive practices within the industry they represent; and

**Whereas** such financial institutions often do not understand the savings and lending practices of different cultures; and

**Whereas** use of the term financial literacy suggests a degree of illiteracy which may - or may not - be true given the level of experiences communities accumulate in managing extremely limited resources.

**THEREFORE BE IT RESOLVED** by the 2005 White House Conference on Aging to:

**Fund** financial empowerment projects that are based in nonprofits to target communities with little disposable income and financial assets.

**Require** that program efforts be linguistically appropriate and culturally sensitive to differences in the savings and lending practices of these communities.

**Require** that programs address the management of limited resources and the changing nature of all existing financial practices to include opportunities and abuse.

**Develop Funding Programs** which provide financial empowerment skills geared toward all generations and that are sensitive to the financial issues and concerns of different generations.

**Require** financial institutions to share the responsibilities for consumer education.

## **MINORITY ELDERLY AND THE WORKPLACE OF THE FUTURE**

### **PRIORITY ISSUE 1: MINORITY SENIORS IN THE WORKPLACE**

*Whereas* the traditional role of minority women as the primary unpaid caregivers for their children, grandchildren, spouses or parents makes them more likely to receive less benefits and more likely to need to work in their senior years than their male counterparts; and

*Whereas* women lose approximately 12 years outside the workforce resulting in approximately \$660,000 in loss in earnings and benefits over a lifetime; and

*Whereas* safety net programs for the elderly employ an array of disincentives to paid work thereby maintaining the minority elderly poor at an income level that can best be described as “the lowest common denominator”; and

*Whereas* immigrant undocumented workers moving into their senior years are at particular risk for extreme poverty without benefits and/or the opportunity to work.

**THEREFORE BE IT RESOLVED** by the 2005 White House Conference on Aging to:

**Implement** policies that give credit for child care and caregiving support in the eligibility and distribution of benefits programs.

**Eliminate** disincentives to work as an eligibility criteria for elderly benefits programs. Seniors should be allowed to earn a market rate salary above the designated poverty levels prescribed in government programs.

**Fund and create** clearinghouses that could match the special skills of the minority elderly with local jobs, interests and needs as well as integrating these skills with new technology. This could range from sewing to woodworking- from guitar playing to translation support- from child care to mentoring opportunities in working with younger generations. The clearinghouse could pilot employment opportunities geared to the elderly that might include short-term individual contracts, and/or senior center-based economic initiatives in crafts, dance programs or second language learning centers for school children in Spanish, Chinese, Korean, etc.

**Create** pathways for undocumented immigrants to gain documented status and ultimately citizenship. Provide services and safety nets to support them as well as create employment training and opportunities for this population.

## **MINORITY ELDERLY IN THEIR COMMUNITIES**

### **PRIORITY ISSUE 1: HOUSING FOR SENIORS**

**Whereas** the Olmstead Act mandates that seniors have access to services that will allow them to remain in the community; and

**Whereas** there exists a reduced federal role in housing and a financial crisis of states and local governments where the housing stock for the poor has deteriorated and the building of new low-income housing units has sharply diminished.

**THEREFORE BE IT RESOLVED** by the 2005 White House Conference on Aging to:

**Advocate** for the federal government to renew its role in implementing housing policies that would protect vulnerable populations including the elderly by establishing minimum housing standards for poor communities, by increasing rental assistance programs, by building additional units for the elderly within their neighborhoods, and by piloting alternative housing strategies to meeting the needs of the elderly and the poor.

**Support** states and local governments in building the resources and capabilities to maintain and renovate public housing units for an aging population through major investments in routine maintenance, capital improvements and renovations.

**Advocate** the implementation of federal programs to renovate or modify private rental housing units and homes to accommodate elderly needs. In addition, continue support for utilities and repairs to low-income elderly home owners on fixed incomes.

**Implement** educational programs on the Federal, State, and Local levels targeted to educating the elderly on their housing rights and to provide the necessary legal services on housing issues for different language communities and immigrants, thereby preventing homelessness.

**Advocate** to stop housing discrimination against minority seniors and their families.

**Advocate** for increased Federal, State, and Local funding to ensure the maintenance and further development of affordable housing.

**Promote** the establishment of Federal, State, and Local guidelines to ensure the cost of affordable housing does not exceed 30% of the income of senior citizens.

**Promote** policies that integrate communities in the development planning of new housing and prevent the displacement of elderly residents.

### **PRIORITY ISSUE 2: ONE-STOP SENIOR SERVICES OFFICES**

**Whereas** one-stop services recognize the client as the focus and should be strategically placed in every community to address the array and interrelationships of elderly needs; and

**Whereas** different programs and different services require an endless stream of different application forms and a senior may often be required to return to different offices with the same basic documents and to answer the same types of questions; and

**Whereas** seniors who are limited-English proficient struggle with finding a person who can accompany them to serve as an interpreter and an advocate; and

**Whereas** fragmented services result in fragmented or incomplete follow-up.

**THEREFORE BE IT RESOLVED** by the 2005 White House Conference on Aging to:

**Fund and Develop a Recruiting and Training Program** to build a cadre of human service workers that speak the languages and are respectful of the cultures of their clients. Such workers should be financially acknowledged/rewarded for having and using those skills in the delivery of services to the elderly.

**Educate & Promote** programming that addresses sensitivity and respect toward the needs of the gay, lesbian, bisexual and transgender elderly in our communities as well as training programs that address the ethnic and social diversity in our communities in all of the agencies serving the elderly and their families.

**Improve** the websites to include multi-lingual features which provide information to seniors who are not English-proficient.

**Develop, Plan & Implement** a training curriculum that will prepare senior center staff to better serve the increasing number of immigrant seniors in the community through culturally sensitive interventions, learning opportunities and cultural experiences.

**Institute** more educational and outreach programs for the elderly addressing substance abuse, depression, and medications including the availability of professional staff to assist with these issues.

**Replicate** comprehensive case management programs for the elderly that will institute a national program of best practices in reaching the near-elderly including reframing traditional activities such as congregate meal programs and nutrition education or adding voucher programs that would enable a young senior to take their grandchildren to lunch or take a friend to dinner as ways to promote healthy social interactions within and among generations.

**Expand** elder abuse programs into the community.

**Institute** a program where Personal Emergency Systems are more easily accessible to seniors.

**Promote** ongoing partnerships with local libraries and educational institutions to capture oral histories as part of building community histories.

## **MINORITY ELDERLY HEALTH AND LONG TERM LIVING**

### **PRIORITY ISSUE 1: MENTAL HEALTH & THE ELDERLY**

**Whereas** mental health care must be made available to all those in need with particular attention to the minority elderly and immigrant communities; and

**Whereas** there is a lack of health and mental health professionals who are linguistically competent and culturally sensitive to minority and immigrant communities; and

**Whereas** there exists a lack of mental health facilities in low-income minority communities serving different language and cultural residents; and

**Whereas** there exist disparities in payment for mental health services when compared with other health issues. In addition, the long administrative lag in processing reimbursements places an enormous pressure on local mental health programs serving the poor; and

**Whereas** there exists a lack of information to counter prevailing stereotypes about mental health that is targeted to culturally different communities; and

**Whereas** there exists an inability to engage or leverage distinct cultural practices that may promote or hinder mental health service delivery; and

**Whereas** there exist poor linkages between mental health professionals and the general health professionals; and

**Whereas** there exists a lack of understanding by the general medical profession of mental health issues and its unpreparedness to recognize and address problems such as depression, anxiety or debilitating stress in their patients.

**THEREFORE BE IT RESOLVED** by the 2005 White House Conference on Aging to:

**Launch** a national partnership between the public and private sectors including religious institutions, natural healers, and community organizations in order to launch a campaign to address the need to build an army of linguistically and culturally competent health and mental health professionals.

**Promote** wider communications about mental health issues with an emphasis on communication channels that reach minority and immigrant communities.

**Provide** for new and improved mental health facilities in local settings close to the needs and reflective of its residents.



**Ensure** more equitable rates of reimbursements and timely reimbursements to community mental health programs. Specifically, adjust Medicare policy to cover mental health care at the 80% level it covers medical services and make mental health services Medicaid reimbursable as well.

**Guarantee** a level of mental health service for the uninsured that would strengthen their overall health.

**Require** a minimum standard for communication between health and mental health professionals.

**Require** training of medical professionals to recognize and appropriately address mental and emotional needs of their minority elderly patients.

**Require** that federally funded research include the participation of minorities in their designs.

**Require** that federally funded programs specifically address the needs of minority elderly with dementia including Alzheimer's disease.

## **PRIORITY ISSUE 2: PREVENTIVE HEALTH SERVICES & TREATMENT TO THE IMMIGRANT & NEAR-ELDERLY POPULATIONS**

**Whereas** the health disparities between poor communities of color as compared with other communities is a well documented reality when addressing health conditions and health service delivery; and

**Whereas** too many of the minority elderly remain food insecure with limited resources, limited access to meal programs, or access to meals that are nutritionally poor; and

**Whereas** interventions and conditions vary from group to group; and

**Whereas** non-traditional families including a significant number of gay, lesbian, bisexual, and transgender elders experience discrimination in accessing appropriate services; and

**Whereas** the health systems limit the time doctors spend with patients discouraging effective communications with minority elderly who value building trust in personal relationships; and

**Whereas** the minority elderly continue to be under-enrolled in benefit programs including Medicare, Medicaid, and prescription drug programs; and

**Whereas** minorities who are near-elderly lack health insurance coverage and are not yet eligible for senior benefits exposing them to great risk for developing serious ailments that become more costly in the long run; and

**Whereas** prescription drug programs discourage bulk purchasing arrangements that would facilitate access to needed treatments at lower costs; and

**Whereas** benefit programs are complicated for providers to implement and confusing to beneficiaries;

**Whereas** trends in public and private health insurance programs toward high deductibles and co-payments will further disadvantage minority access to needed health services.

**THEREFORE BE IT RESOLVED** by the 2005 White House Conference on Aging to:

**Reinstate** the protections and benefits traditionally afforded to our seniors and their families by Medicare & Medicaid before the passage of the 2003 Medicare Modernization Act.

**Promote** nutritional programs in many languages that address the cultural traditions of different communities and promote healthy eating.

**Extend** the reach of meal programs to the poor with a focus on both the elderly and near-elderly minority and immigrant populations.

**Increase** efforts to enroll eligible minority communities in all available health benefits, programs and services by simplifying the enrollment process and considering phasing in services for the near-elderly.

**End** the discrimination against non-traditional families e.g. minorities, single parents, gays, lesbians, bi-sexual, transgender, grandparents raising grandchildren; to full access to benefits and insurance programs.

**Encourage** clinics and pharmacies to share information on patient's consistent use of medication to improve compliance or ensure non-over medication or interaction.

**Simplify and limit** benefit program demands on providers and support patients receiving care over time from a single provider.

**Continue** to target linguistically appropriate and culturally sensitive health campaigns to communities at great risk for specific diseases, chronic illnesses and risky behaviors.

**Permit** states to become bulk purchasers of prescription drugs and reverse the trend of higher deductibles and higher co-payments for medical services.

**Support and reimburse** providers who build into the health service a reasonable time for patient interaction and counseling.

### **PRIORITY ISSUE 3: LOW INCOME COMMUNITIES & ACCESS TO LONG TERM CARE**

**Whereas** the low income minority elderly and the near-elderly lack discretionary income this forces them to be dependent on government sponsored programs for long term care; and

**Whereas** government sponsored programs place a reimbursement cap for services rendered thereby limiting and reducing the provision and quality of care to vulnerable seniors; and

**Whereas** long term care insurance is not only unaffordable, but also offers a confusing array of coverage and limitations that is not understood by most; and

**Whereas** there exists a lack of providers in the long term care industry who are linguistically competent and culturally sensitive in providing services to Asian, Black and Hispanic elders and their families; and

**Whereas** direct service workers are severely underpaid causing a high staff turnover and at a time when elders needs continuity in care; and

**Whereas** there are few Social Adult Day programs to help keep the minority elderly in their communities. Those available are not generally paid by insurances including Medicaid; and

**Whereas** there is a general distrust of institutionalization in minority communities based on history and based on linguistic/cultural differences.

**THEREFORE BE IT RESOLVED** by the 2005 White House Conference on Aging to:

**Pilot and promote** long term care programs that are linguistically appropriate and culturally sensitive to populations most in need of service. Ensure continuum of care with programs that meet the needs of clients as their ability to function diminishes.

**Emphasize** home and community-based long term care options that give support to clients and their caregivers.

**Increase** the development of Adult Day Programs and amend Medicaid policy to cover payment for this service.

**Promote** living wages for direct long term care workers as well as wage incentives for those who are linguistically/culturally competent or retrain to gain these competencies. .

**Collaborate** with the long term care insurance industry in setting standards that would be comprehensive and understandable to the general public.

**Require** that nursing home facilities employ staff ethnically and linguistically representative of their resident population.

**Provide** for a new and improved mental health facilities where, for example, Senior Centers should have funding to provide health care facilities on site and include mental health provisions.